| POSITION | INITIALS | ID NO. | DATE |
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| **FEE DETERMINATION** | | | |
| **O.I.P.E. CLASSIFIER** | RSD | | 3/4/01 |
| **FORMALITY REVIEW** | EW | 949 | 3/12/01 |
| **RESPONSE FORMALITY REVIEW** | por | 1030 | 6·04-01 |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ ................................ Rejected | | N ................................ Non-elected | |
| = ................................ Allowed | | I ................................ Interference | |
| — (Through numeral)... Canceled | | A ................................ Appeal | |
| ÷ ................................ Restricted | | O ................................ Objected | |

| Claim Final | Original | Date | | Claim Final | Original | Date | | Claim Final | Original | Date |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | ✔ | | | 51 | | | | 101 | |
| | 2 | | | | 52 | | | | 102 | |
| | 3 | | | | 53 | | | | 103 | |
| | 4 | | | | 54 | | | | 104 | |
| | 5 | | | | 55 | | | | 105 | |
| | 6 | | | | 56 | | | | 106 | |
| | 7 | | | | 57 | | | | 107 | |
| | 8 | | | | 58 | | | | 108 | |
| | 9 | | | | 59 | | | | 109 | |
| | 10 | | | | 60 | | | | 110 | |
| | 11 | | | | 61 | | | | 111 | |
| | 12 | | | | 62 | | | | 112 | |
| | 13 | | | | 63 | | | | 113 | |
| | 14 | | | | 64 | | | | 114 | |
| | 15 | | | | 65 | | | | 115 | |
| | 16 | | | | 66 | | | | 116 | |
| | 17 | | | | 67 | | | | 117 | |
| | 18 | | | | 68 | | | | 118 | |
| | 19 | | | | 69 | | | | 119 | |
| | 20 | | | | 70 | | | | 120 | |
| | 21 | | | | 71 | | | | 121 | |
| | 22 | | | | 72 | | | | 122 | |
| | 23 | | | | 73 | | | | 123 | |
| | 24 | | | | 74 | | | | 124 | |
| | 25 | | | | 75 | | | | 125 | |
| | 26 | | | | 76 | | | | 126 | |
| | 27 | | | | 77 | | | | 127 | |
| | 28 | | | | 78 | | | | 128 | |
| | 29 | | | | 79 | | | | 129 | |
| | 30 | | | | 80 | | | | 130 | |
| | 31 | | | | 81 | | | | 131 | |
| | 32 | | | | 82 | | | | 132 | |
| | 33 | | | | 83 | | | | 133 | |
| | 34 | | | | 84 | | | | 134 | |
| | 35 | | | | 85 | | | | 135 | |
| | 36 | | | | 86 | | | | 136 | |
| | 37 | | | | 87 | | | | 137 | |
| | 38 | | | | 88 | | | | 138 | |
| | 39 | | | | 89 | | | | 139 | |
| | 40 | | | | 90 | | | | 140 | |
| | 41 | | | | 91 | | | | 141 | |
| | 42 | | | | 92 | | | | 142 | |
| | 43 | | | | 93 | | | | 143 | |
| | 44 | | | | 94 | | | | 144 | |
| | 45 | | | | 95 | | | | 145 | |
| | 46 | | | | 96 | | | | 146 | |
| | 47 | | | | 97 | | | | 147 | |
| | 48 | | | | 98 | | | | 148 | |
| | 49 | | | | 99 | | | | 149 | |
| | 50 | | | | 100 | | | | 150 | |

If more than 150 claims or 10 actions
staple additional sheet here

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